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PTO/SB/21 (09-04)

## TRANSMITTAL FORM

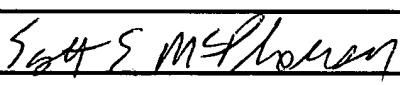
(to be used for all correspondence after initial filing)

|  |    |                        |                     |
|--|----|------------------------|---------------------|
|  |    | Application Number     | 10/774,310          |
|  |    | Filing Date            | February 6, 2004    |
|  |    | First Named Inventor   | Linn, Eric          |
|  |    | Art Unit               | 3724                |
|  |    | Examiner Name          | Hwei Siu Chou Payer |
| Total Number of Pages in This Submission | 28 | Attorney Docket Number | 022038-000200US     |

### ENCLOSURES (Check all that apply)

|   |  |   |         |  |  |
|---|--|---|---------|--|--|
| <input type="checkbox"/> Fee Transmittal Form   | <input type="checkbox"/> Drawing(s)  | <input type="checkbox"/> After Allowance Communication to TC                            |         |  |  |
| <input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |         |  |  |
| <input checked="" type="checkbox"/> Amendment/Reply   | <input type="checkbox"/> Petition  | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |         |  |  |
| <input type="checkbox"/> After Final  | <input type="checkbox"/> Petition to Convert to a Provisional Application                | <input type="checkbox"/> Proprietary Information  |         |  |  |
| <input type="checkbox"/> Affidavits/declaration(s)  | <input type="checkbox"/> Power of Attorney, Revocation                                   | <input type="checkbox"/> Status Letter  |         |  |  |
| <input type="checkbox"/> Extension of Time Request  | <input type="checkbox"/> Change of Correspondence Address                                | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |         |  |  |
| <input type="checkbox"/> Express Abandonment Request  | <input type="checkbox"/> Terminal Disclaimer   | <input type="checkbox"/> Return Postcard  |         |  |  |
| <input checked="" type="checkbox"/> Information Disclosure Statement  | <input type="checkbox"/> Request for Refund  |   |         |  |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)   | <input type="checkbox"/> CD, Number of CD(s) _____                                       |   |         |  |  |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application   | <input type="checkbox"/> Landscape Table on CD   |   |         |  |  |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53   |  |   |         |  |  |
| <table border="1"> <tr> <td>Remarks</td> <td colspan="2">The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.</td> </tr> </table> |  |   | Remarks | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |  |
| Remarks   | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |   |         |  |  |

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |   |          |        |
|--------------|---|----------|--------|
| Firm Name    | Townsend and Townsend and Crew LLP  |          |        |
| Signature    |  |          |        |
| Printed name | Scott E. McPherson  |          |        |
| Date         | September 23, 2005  | Reg. No. | 53,307 |

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

|                       |   |
|-----------------------|---|
| Signature             |  |
| Typed or printed name | Pamela Skelton  |
| Date                  | September 23, 2005  |